

Introduction

Statement of the Problem

Alcohol and other drug abuse (substance abuse) is a significant health, social, public safety and economic problem. Each year in Wisconsin, there are over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests, and economic costs totaling \$4.6 billion, all attributed to substance abuse. Thirty-two percent of offenders booked into jail and nearly 65 percent of prison admittees have substance abuse problems. Alcohol and drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke, and it is the fourth leading cause for hospitalization behind mental illness, heart disease, and cancer. There are an estimated 353,100 adults and 40,300 adolescents in need of treatment for substance use disorders, and yet surveys indicate that only 21 percent of those in need of treatment receive it. This is due primarily to the lack of awareness that a disorder exists. Studies have shown that substance abuse treatment is as effective as treatments for illnesses such as hypertension, diabetes, and asthma; about 30-50 percent complete regimens of treatment and 30-80 percent suffer a reoccurrence of the illness (relapse). Despite the magnitude of the problem, numerous studies conclude that each dollar invested for substance abuse services yields a return of seven dollars.

Reference Note: McLellan, A. Thomas, et.al. (1995), "Is Treatment for Substance Dependence Worth It?" In Training About Alcohol and Substance Abuse for Primary Care Physicians, Josiah Macy Foundation, New York.

Federal Authority

The Department of Health and Family Services (DHFS) has been designated by the Governor to administer federal Substance Abuse Prevention/Treatment (SAPT) Block Grant funds, and the Department designated the Division of Supportive Living (DSL) as the state agency responsible for administration of the block grant program. DHFS is also responsible for administration of state/county community aids for substance abuse and manages various state legislative mandates related to substance abuse. During 1999, the Division of Supportive Living's Bureau of Substance Abuse Services (BSAS) served as the focal point for the day-to-day administrative, management, planning, program, fiscal, and coordination responsibilities for substance abuse programs.

This report reflects activities and services of the Department of Health and Family Services, Division of Supportive Living, Bureau of Substance Abuse Services for the calendar year 1999. References to the Bureau of Substance Abuse Services, BSAS, and the Bureau reflect the Division of Supportive Living's unit within the Department of Health and Family Services.

Programs and Funding

The following chart illustrates overall substance abuse funding through the Department of Health and Family Services for State Fiscal Year 1998-99 and includes state general program revenue, program revenue and federal funding sources.

PROGRAM NAME

1998-1999 Funding Levels

Community Aids	\$43,210,552
Injection Drug Use Outreach, Intervention, Treatment & Prevention	2,383,600
Neighborhood Drug Use and Violence Prevention Program	1,200,000
Juvenile Justice Pilots	1,340,000
Treatment Alternatives Program	937,600
In-Home & Community-Based Treatment for Minorities.....	200,000
Services to Persons in Treatment	250,000
WI Alcoholism & Drug Counselor Certification Board	121,500
Women Reaching Women	60,000
SA Program for Women	235,000
Minority SA Counselor Training	283,000
Adolescent SA Treatment Center	50,000
Community Education Program.....	125,000
Multi-Disciplinary Prevention & Treatment for Cocaine Families	800,000
Capacity Building for Treatment Programs	305,000
Community SA Primary Prevention Program.....	500,000
Synar Compliance	74,000
HIV Prevention and Case Management.....	149,000
High-Risk Youth Inner-City Project.....	628,600
Family Preservation and Prevention Resources	833,500
Wisconsin Regional Teen Institutes	200,000
Law Enforcement Partnership.....	185,400
Milwaukee Family.....	40,000
Network Training and Media.....	35,000
CSAT Needs Assessment and Data.....	284,900
CSAT – META and TA.....	838,300
Medical Assistance.....	8,980,500
Training for SA Workers	25,000
Treatment for Deaf and Hard of Hearing Persons	125,000
Counselor Coordinator	68,600
Funding Development Specialist Position	60,100
Staff Salary Match (Bureau Director and Project Director)	111,507
Alliance for a Drug-Free Wisconsin.....	253,000
High Risk Youth Tribal Prevention.....	140,800
Native American SA Education & Treatment Programs	500,000
Native American Parenting Education & In-Home Counseling.....	468,900
Services for Hispanic Persons	248,200
Healthy Beginnings	175,000
Career Youth Development Center	110,000
Prisoner Reintegration Program	125,000
Group Home Loans	100,000
Intoxicated Driver Program	1,150,000
Community Options Program	245,600
Gemini Program.....	997,300
Anchorage Program.....	937,500
Wisconsin Clearinghouse	97,900
DHFS SA Staff Support Costs	1,303,600
Correctional Programs.....	1,649,200
TOTAL	\$73,142,652

Community Aids

Community aids are state and federal funds that are distributed by the Department to counties on a calendar year basis to support community mental health, developmental disabilities, substance abuse, and social services for the uninsured and underinsured. The majority of community aids funds are allocated to counties through the basic county allocation, which is a population-based formula matched by county/local property tax funds. Within the limits of these available state, federal and county funds, counties provide the following services: collaborative and cooperative prevention services; diagnostic, evaluation and assessment services; emergency, inpatient, residential, partial hospitalization, and outpatient services; research and staff training; and continuous planning, development, and evaluation of programs.

In 1999, counties reported expending \$63,088,094 in community aids for 56,463 AODA clients. The Bureau of Substance Abuse Services, in cooperation with the Division of Supportive Living's Information Systems Section, maintains a substance abuse services data set that contains a sample of about 68 percent of clients served under community aids funds. (68 percent sample means that the data covers 68 percent of the clients treated. Because Dane, Milwaukee, Walworth and Wood counties are reporting in this format for the first time in year 2000, data are not available for this report.)

Substance Abuse Prevention and Treatment Block Grant (SAPT)

One federal source of funds under community aids is the SAPT Block Grant. The federal Substance Abuse and Mental Health Services Administration granted the Department \$24,530,479 for state fiscal year 1999. Of this amount, (a) \$11,562,579 was distributed to counties through community aids; (b) \$9,111,200 was provided to counties, tribes, staffing, or other community based organizations for substance abuse programs; and (c) \$1,649,200 was transferred to the Department of Corrections to provide substance abuse services to correctional populations. Counties are required to minimally target 35 percent of the funds for individuals with alcohol abuse, 35 percent for drug abuse, 20 percent for prevention, and 10 percent for pregnant women and women with dependent children.

Outcomes of Treatment in Wisconsin

While there are several hundred treatment centers in Wisconsin, four of them published the results of extensive post-discharge outcomes among their client populations during 1998. Due to the additional expense of contacting clients after discharge, these studies were financed with seed funds from an application process administered by the Department's Bureau of Substance Abuse Services. The studies were conducted by the Jackie Nitschke Center, Green Bay; Directions Counseling Center, Watertown; Winnebago County Department of Community Programs, Oshkosh; and the Lawrence Center, Waukesha. The composite results of the patient surveys (n=428) taken at six months post-discharge found the following:

- 86% of clients were satisfied with the services they received
- 60% were abstinent from alcohol and drugs
- 71% were employed
- 57% were attending support group meetings
- 89% had no further contact with the criminal justice system

A Department project to measure treatment outcomes involving 15 treatment centers began in 1999 with funding from the federal Substance Abuse and Mental Health Services Administration. The treatment centers were selected through an application process, and results are expected in 2001. It should be noted that outcomes decline somewhat when measured after discharge as compared to at discharge.

Putting a “Public Face” on Outcomes: Two case examples of successfully treated clients follow.

Donna, 28, single, had a responsible job at a young company, a great car, and a house of her own. Marriage was on the horizon for her and John, her boyfriend of several years. Three years earlier, before entering treatment, Donna started drinking alcohol more regularly with work friends, and began using heavily a year later. John and her boss noticed a change in her. They both said she was “slipping” and losing control of things. Donna believed she was in the best control ever. In reality, Donna was missing a lot of work, stopped answering the phone, and was not paying her bills. John found a stack of overdue bills on her coffee table, along with a repossession notice for her car. He gave her an ultimatum. If she didn’t get help, he couldn’t stay in the relationship. Reality finally hit her. Scared to get help, but more scared not to, Donna agreed to admit herself for treatment. A year later, Donna recognizes the devastation alcohol caused in her life as well as the giant strides she’s made for herself in the last 12 months. She has a new job and her finances are almost back in order. “Recovery is hard work,” says Donna, but she feels better, physically and emotionally.

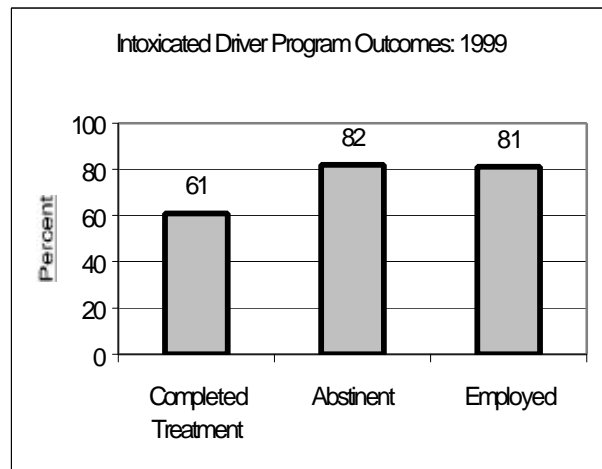
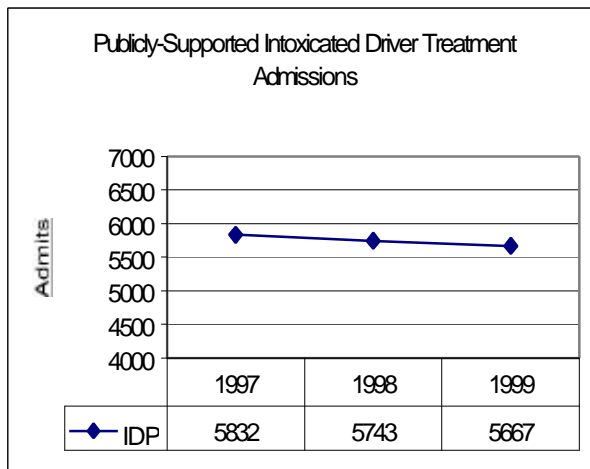
Ironically, the night 24-year-old Mark was rushed to the hospital’s emergency room after driving his car into a tree was the first night his father slept well in two years. That night, Mark’s father said he finally knew his son would get the help he so desperately needed to overcome his cocaine addiction. Mark admitted himself to the hospital’s chemical dependency program directly from the critical care unit where he was recovering from injuries he sustained in the crash. The next month in the hospital’s cocaine addiction program was intense. “Draining,” said Mark, “but energizing, too.” His parents and sister worked through their fears and frustrations with the help of counselors in the family program. Drugs had destroyed the closeness of this warm and enthusiastic family. Treatment exposed the hurts, then helped heal them. A year later, it’s like having her old son back said Mark’s mom. “I used to hear sirens in the night and be afraid it was

Mark,” said Mark’s dad. “In this case, the crash was the best thing that could have happened.” And Mark, now living drug-free and working, wholeheartedly agrees.

Intoxicated Driver Program

Established in 1982 to abate the growing intoxicated driving problem, this program is funded by a driver improvement surcharge assessed against every convicted intoxicated driver. County treasurers retain 61.5 percent of the current \$345 surcharge to help cover the cost of treatment services. In addition, the Department is allocated \$1,000,000 from this fund each year for emergency grants to counties that need the revenue to cover treatment costs that exceeded available local surcharge funds. In 1999, 26 counties received this emergency funding. The total annual funding for this program is over \$8.6 million.

About 35,000 persons are convicted of intoxicated driving each year. While all of these persons are court-ordered to receive a substance abuse assessment from a designated county agency, about 50 percent are referred to education services (provided at technical colleges) and 50 percent are referred for private or publicly supported treatment. The chart at the left shows the number of persons receiving publicly funded treatment under this program for the most recent 3-year period.



There are three outcomes associated with this program area, namely, completion of treatment, abstinence from mood altering substances, and employment. The chart at the right presents the proportion of clients who completed treatment, were abstinent, or were employed. These charts are based on individual outcomes.

Injection Drug Use Street Outreach Program

The purpose of intervention programs such as the Street Outreach Program is to identify drug users and help them stop using drugs. The primary focus is to actively seek Injection Drug Users (IDUs) not in treatment, provide information on needle-sharing and sexual transmission of HIV disease, and provide assistance by referring clients to available services. About 385 clients received services through Department-administered federal IDU funds in 1999.

Substance Abuse Programming for Women, Pregnant Women and Women with Dependent Children

The Department administers nine programs associated with women and substance abuse. Highlights from the programs are presented here.

- **Wisconsin Women's Education Network on Addiction and Recovery, Madison, Wisconsin**, began in 1996, and since its inception, the project has provided training, technical assistance, resources, networking and advocacy for stigma reduction concerning women and addiction and gender responsive treatment throughout the state. Following are successful initiatives that have been developed.

The WWEN Connection, the newsletter of the Wisconsin Women's Education Network project, began early in 1998 with an initial mailing list of 100 and ended 1999 with over 500 subscribers. It is published quarterly and each issue contains current research and educational information on women and addiction, interviews with professionals currently conducting women's treatment, announcements of upcoming educational opportunities. It also includes a powerful feature for stigma reduction entitled, "Putting A Face On Recovery." In this article, a recovering woman tells her story of addiction and recovery and allows her picture to be published.

8th Annual Conference on Women and Substance Abuse. The WWEN project held a one-day women's conference in Wausau: *Recovery, Journey of Awakening*. The conference focused on direct, positive and creative approaches in recovery for professionals to incorporate into their clinical settings. There was a statewide attendance of 150 individuals from the substance abuse, child welfare, maternal and child health fields.

STAR Project (Sharing Treatment and Recovery for Women). In 1998, the WWEN project applied for and received a major federal Center for Substance Abuse Treatment (CSAT) grant to develop grass roots organizations around the state to reduce stigma and improve availability of treatment services for women. Training and technical assistance under this project reached professionals in 30 counties in 1999. These counties were Bayfield, Ashland, Vilas, Oneida, Price, Lincoln, Marathon, Chippewa, Dunn, Eau Claire, Wood, Portage, Shawano, Outagamie, Brown, Waushara, Winnebago, Fond du Lac, Manitowoc, Vernon, LaCrosse, Iowa, Dane, Jefferson, Waukesha, Milwaukee, Rock, Walworth, Racine and Douglas.

- **ARC Community Services, Inc., Madison, Wisconsin**

ARC is a private, not-for-profit agency with over 20 years of experience in providing services in the community specializing in the unique needs of the adult female offender and substance abusers and their children. ARC Community Services, Inc., receives Department funding for its Healthy Beginnings project. ARC's Healthy Beginnings project specializes in residential, day treatment, and outpatient services to women who are at risk for criminal activity and/or substance abuse. This project serves pregnant women and women and their young children.

In 1999, the Healthy Beginnings project served 30 women and their children. Nineteen of these women successfully completed treatment.

- **S.A.F.E. Group Services, Inc., Milwaukee, Wisconsin**

S.A.F.E. provides treatment for cocaine families, 98 percent of whom are African American. The “Treatment Options for Substance Abusing Women Entering Recovery” (TOSAWER) program, funded by the Department, is designed to meet the needs of cocaine-addicted mothers and mothers-to-be and their children through the provision of case management and services that directly confront addiction.

In 1999, the project served 73 women and 219 children. There were three babies born in 1999 while their mothers were in treatment. All three babies were born drug-free. Forty women who were in the project are drug free and working full-time. Twenty women are drug free and in employment training through W-2, seven women are currently continuing with treatment and employment training and six women are currently in day treatment as they began treatment late in the year. Seven children were returned from foster care to their mothers’ care.

In 1999, the TOSAWER project was funded by the Department for \$377,061. From that investment the State of Wisconsin has realized the following savings:

- 40 women drug free, working and no longer receiving W-2 funds. This is a savings of approximately \$325,440 (based on \$678 per family per month for 12 months).
- 7 children returned from foster care at a savings of \$27,468 (based on one year of foster care).
- 3 drug-free, full-term babies for a savings of approximately \$306,000 (based on an average cost of \$1700 per hospital day for an average of 60 days).
- 71 percent of women served had a positive treatment outcome.

Based on the investment of \$377,061, savings to taxpayers were \$658,908.

- **Projecto Renacimiento, United Community Center (UCC), Milwaukee, Wisconsin**

Projecto Renacimiento (project rebirth) provides services to mothers of small children and pregnant women who are chemically dependent, with a special focus on cocaine-abusing women. The services are provided with a multi-disciplinary approach to accomplish its goals. The target group includes low-income Hispanic women residents of Milwaukee County. Services include case management, detoxification, inpatient treatment, residential treatment home-based services, day treatment, outpatient treatment, AODA education, childcare and transportation. In 1999, 12 women with 71 children were served; 33 percent were able to obtain full employment at discharge and 60 percent of clients served had a positive treatment outcome and family reunification.

- **Milwaukee Women’s Center (MWC), Milwaukee, Wisconsin**

The Milwaukee Women's Center (women and minority-governed) provides treatment for cocaine families. The Positive Options for Women Entering Recovery (POWER) program is

a multi-disciplinary, case management and treatment model with a primary target population of mothers and pregnant women who have a current or recent history of cocaine abuse and/or other drugs or alcohol addiction. Services offered by MWC include: behavioral health, substance abuse outpatient and day treatment, 24-hour crisis line and emergency shelter, AODA and domestic violence education and support groups, housing information and referral, protective payee, birth to three evaluations, childcare, HIV testing and sex education, parenting, batterer's treatment, and anger management.

The POWER program served 94 women and 298 children in 1999. All seven of the babies delivered were born drug-free, 54 percent of women participated in W-2, and of the families involved in the child welfare system, 11 children in foster care were returned to their homes.

In 1999, the Department funded the POWER program for \$374,606. From that investment, the State of Wisconsin has received the following savings:

- 7 babies born drug free for a cost savings of approximately \$85,281 in neonatal care.
- 11 children returned from foster care for a cost savings of approximately \$99,000.
- 94 women left or never entered the criminal justice system.

The Milwaukee Women's Center's Urban Black and Hispanic Family Intervention Program, funded by the Department, was created to provide comprehensive, culturally competent, intensive home-based substance abuse counseling and case management services to black and Hispanic individuals and their families in Milwaukee County. The program targets the services to families through serving the mothers. The approach to providing these services include (but were not limited to) the following:

- A multidisciplinary approach incorporating parents, peers, school personnel, outpatient substance abuse and mental health providers, support groups and other individuals as applicable to the client's situation.
- Intensive home-based AODA case management services that emphasize a continuity of care and wrap-around services, reduced harm and relapse prevention training, and the use of family counseling to increase the likelihood that families will remain intact.
- Services that focus on solutions, in a client-centered model (not a program-centered model).
- Treatment goals that reflect and emphasize families remaining together where possible.
- Extensive use of community-based agencies and resources.
- Overall treatment goals that emphasize peer support and building community relationships.

Outcomes for 1999 included the following:

- 125 families received intensive home-based AODA case management and counseling.
- 85 percent of the mothers reported overall improvement in personal and family functioning.
- 70 percent of the mothers reported a reduction in substance abuse and increased skills in preventing relapse.
- 90 percent of babies (8 of 9) were born drug-free.

In addition, the Family Intervention Program was able to help clients move through (and learn about) multiple systems such as W-2, child welfare, probation, court, and immigration in a safe, effective manner.

▪ **Our Home Foundation/Meta House, Milwaukee, Wisconsin**

Meta House, through five programs, provides a target population of women with substance abuse with a variety of services and opportunities that will reduce the incidence of alcohol and drug abuse, enhance their ability to function as self-confident, productive members of society, and reduce the incidence and severity of impairment in children affected by maternal substance abuse. The program goals are accomplished through a variety of residential treatment programs and a day care center designed specifically to deal with the gender-specific issues women face in the treatment of substance abuse.

The women who come to Meta House for treatment tend to face astonishing barriers and issues that must be addressed for sobriety to occur. These issues include the following:

- Lower socio-economic background
- Live in metropolitan area that evidences poverty and fragmented families
- Pregnant and/or some or all children in out-of-home care
- Moderate to severe mental health diagnosis
- Incest and molestation
- Multiple rapes
- Poor nutrition
- Little to no medical or prenatal care
- Illiteracy or poor education
- Few to no job skills
- Poor interpersonal relationships
- Poor physical health of self and children

To achieve these outcomes, Meta House programs provide a wide menu of integrated services that are driven by a case management model. The services provided include the following:

- | | |
|---|--|
| ▪ Gender and culturally appropriate services | ▪ Meta House transitional & permanent (2000) housing |
| ▪ Use disorder treatment | ▪ The Nurturing program and other trauma-sensitive parenting programs |
| ▪ On-site Milwaukee Area Tech College classroom | ▪ Vocational soft skills training and job placement |
| ▪ On-site literacy services | ▪ Partnership with Step Industries for transitional employment for recovering people |
| ▪ On-site computer training | ▪ Mental health services and referral |
| ▪ On-site ability to meet W-2 employment plan | ▪ Physical health services and referral |
| ▪ On-site ability to meet child welfare plan | ▪ Family educational and support programming |
| ▪ On-site children's assessments, treatment and referrals | ▪ Legal assistance |
| ▪ On-site therapeutic child care | ▪ Basic living skills |
| ▪ Food and clothing | |

Outcomes and cost savings to the public in 1999 included the following:

- 114 total women were served.
- 7 babies were born while their mothers received services. All were born drug free. Based on the Center for Substance Abuse Treatment (CSAT), estimates of neonatal care for drug exposed babies, the cost savings were \$85,281.

- 73 children were returned from foster care while mothers were in treatment or soon thereafter. The average cost of foster care is \$12,000 per year. By returning these children to the care of their mothers, \$876,000 was saved.
- 114 women were involved in the criminal justice system upon entering treatment. Not one committed an offense causing them to be incarcerated during that time.
- 92 women were employed at the time of discharge from Meta House.
- 9 women were unable to be employed and received SSI.
- 7 women were actively working with their W-2 agency to move toward self-sufficiency.
- 85 percent of the women served reported no cocaine use during treatment.

▪ **Services to Persons in Treatment**

Although the name has changed from Child Care Services for Parents in Treatment, priority is still given to women in treatment. 1987 Act 339 (ss. 46.55) established grants for the provision of child care services for low income or single parents in treatment for the purpose of removing the barrier of child care that was preventing many parents from seeking treatment. Services provided under this program include licensed in-home day care, licensed child care center, foster care, and group home care. Eight counties (Dane, Eau Claire, Kenosha, LaCrosse, Lincoln/Langlade/Marathon, Milwaukee, Waukesha, and Winnebago) currently receive funding under this program, serving about 120 children each year and allowing 60 parents to seek and receive treatment.

▪ **Wisconsin Fetal Alcohol Syndrome (FAS) Family Outreach Project**

One-time funds of \$79,900 were allocated as of October 1, 1999, to the University of Wisconsin, Professional Development and Applied Studies for the Wisconsin FAS Family Outreach Project for the development of resources for Fetal Alcohol Syndrome and Effects (FAS/FAE). In addition, the one-year project will develop a data system to track women seeking services, including follow-up and outcome based information.

In the remaining two months of 1999, the Project made significant progress toward work plan goals, completing three training events. Women's treatment centers in Wisconsin were sent an initial survey and follow-up telephone contact to ascertain interest and willingness to receive training in FAS. The FAS Training Coordinator has completed training with a physician from the UW Clinical Genetics Department in assessment techniques for pre-screening for FAS. Screening manuals, and other materials have been purchased and are ready to distribute to training sites during round-2 training. A waiting list has been developed for training due to the enthusiastic response. In addition, the sites for the FAS Clinic Screening/Training days have been chosen: Ashland, Ho-Chunk Nation, and Milwaukee County. These sites were chosen based on request, need, and less access to services for clients served. Work will be completed by September, 2000.

▪ **Cross System Services Coordination for Women**

In October 1999, six county human services agencies (Dunn, Forest/Oneida/Vilas, Kenosha, Manitowoc, Racine, and St. Croix) received one-time grants of \$20,000 to improve the coordination of services for women with substance abuse problems. Systems to be coordinated include substance abuse, perinatal care, Wisconsin Works (W-2), child protective services, probation/parole, vocational rehabilitation, and mental health. Projects will form focus groups, conduct training workshops, utilize case managers, develop women's treatment and support groups, and evaluate services. Outcomes for the Cross System Coordination Projects will be published in year 2000.

Criminal and Juvenile Justice Populations

The Department administers three programs associated with criminal/juvenile justice populations and substance abuse as follows:

- **Treatment Alternative Program (TAP)**

In 1987, Governor Thompson signed into law Act 339 (ss. 46.65), which created TAP after a Governor's SCAODA Work Group on Drugs and Crime recommended an alternative to incarceration for certain substance-abusing offenders. TAP was modeled after the nationally successful Treatment Alternatives to Street Crime (TASC) Program. TAP's goal is to break the substance abusing offender's drug/crime cycle through the use of an intensive case management/treatment model and systems collaboration which "bridges" the gap between the criminal justice and alcohol and drug treatment systems.

TAP, under Department funding, presently operates in the counties of Dane, Rock and Eau Claire. There are 132 slots for the program that averages six to nine months in length. The three TAP programs are required to submit quarterly reports of their progress in achieving stated objectives.

Data are available from TAP's joint effort with the Dane County Drug Court (DCDC). The Drug Court refers offenders to TAP. As of December 31, 1999, 68 percent of clients (or 56 participants) had successfully completed the program. Among program graduates at 12 months post-discharge, the recidivism rate was only 16 percent or 9 clients. This compares to a recidivism rate of 37 percent for an equivalent group who declined to participate in the program. The average number of new criminal arrests per offender was 64 percent lower for DCDC graduates than for the comparison group.

- **Juvenile Court Intake Pilot Projects**

Originally Department funded under s. 48.547 Wis. Stats., this program developed intake procedures that are used to screen, assess and provide education and treatment programs for children with needs and problems associated with the use of alcohol or controlled substances. The nine county agencies funded under this program (Milwaukee, Kenosha, Fond du Lac, Outagamie, Portage, Dunn, Eau Claire, Dane, Forest/Oneida/Vilas) were originally selected using a competitive application process. The projects began in 1989 and continue to provide education and treatment services for adolescents. During the last year approximately 3,300 juveniles were screened for substance abuse problems. After the screening, approximately 43 percent of the juveniles were referred for alcohol education or treatment involvement. For those individuals receiving outpatient substance abuse treatment, approximately 58 percent were considered successful at discharge as defined by a reduction in alcohol or drug use or remaining free from substance altogether. Improvements have also occurred in relationships with parents or guardians, self-esteem and school adjustment.

- **Prisoner Reintegration (Lincoln Park Community Center)**

The Department funds the prisoner reintegration program at the Lincoln Park Community Center in Milwaukee which was authorized in 1991 Wisconsin Act 39 (ss. 46.48). The intent

of the legislation and program is to help prisoners successfully reintegrate into the community upon release from prison. The Prisoner Reintegration Program (PRP) assists participants prior to release from prison and after release with planning and obtaining housing, employment, education, and treatment in the community.

The PRP uses a peer case management and counseling approach to provide services. PRP has established a cooperative working relationship with the state Department of Correction's Division of Community Corrections, which enhances the monitoring of parolees.

The majority of clients have a history of substance abuse. PRP provides information on substance abuse services to all clients in addition to coordinating Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings at Lincoln Park Community Center for clients.

During 1999, Lincoln Park Community Center conducted a random sampling of 50 percent of the 232 clients served in 1998. Results indicated that up to one year after completion of the PRP, 70 percent of 112 clients placed in jobs were still employed and only 27 percent of clients sampled had recidivated.

During 1999, 27 clients were assisted in finding safe affordable housing, 232 were assisted in the area of employment with 88 finding permanent placement and 121 clients being assisted in educational areas. In 1999, the PRP shows that 24 women were served in the criminal justice system who were also clients of one of the W-2 agencies in Milwaukee.

Minority Populations

The Department administers three programs specific to minority populations and substance abuse as follows:

- **In-Home and Community Based Treatment for Minorities**

This program funds La Casa de Esperanza, Inc., in Waukesha and the Milwaukee Women's Center in Milwaukee to provide intervention, treatment and family support services to low income Hispanic and African American individuals. During 1999, 179 persons received case management and treatment for substance abuse problems. In 1999, the agency became enrolled in a pilot project to evaluate client outcomes. Findings will be available in 2001.

- **Consolidated Family Services**

In 1992, the Department initiated a consolidated approach to contracting with tribal governments for children and family services, including alcohol and other drug abuse treatment. Under this innovative program, 11 different social service programs were consolidated into a contract on behalf of the state and tribal governments. The range of family services includes, but is not limited to, the following: adolescent parent self-sufficiency, adolescent pregnancy prevention, child care, child welfare, choices for girls and young women, self-sufficiency for families and communities, domestic violence, family preservation, support and reunification, and facilitation of the delivery of accessible, available, culturally appropriate, and integrated services. The Department provides funding for substance abuse services under the consolidated contract with tribes, which includes prevention of youth substance abuse, treatment of adult and youth substance abusers, parenting education, and in-home counseling for substance abuse. Each tribe has the flexibility to emphasize in their program those services which they determine will meet the community and ultimately the families' identified needs.

Performance measurement is an integral part of the program. Program work plans require the eventual establishment of outcome measures as part of a three-year planning cycle. Outcome measures will be phased in over this three-year period and will determine the effectiveness of program services and whether participants are benefiting from their involvement in the program. Service providers will then use this information to assess and improve services to the community. Following are some examples of outcome findings from reporting tribes:

- 70 percent of youth attending a six-week classroom curriculum demonstrated increased knowledge of AODA.
- 100 percent of participants attending parenting training sessions demonstrated increased knowledge of parenting skills.
- 60 percent of girls and 100 percent of boys participating in youth program activities abstained from alcohol/drugs.

- **New Beginnings-United Community Center**

1989 (Act 122), Chapter 46.48(16), Wis. Stats., established Department funding for a residential treatment program for Milwaukee Hispanic residents. The United Community Center's Adult Residential Treatment Program is an eight-bed community based residential facility licensed by the state for adult male substance abusers needing 24-hour care. The average length of stay at the facility is 60-90 days. It offers a 24-hour therapeutic milieu with group and individual counseling

and education. A family program is also part of the treatment regimen. The program served 51 clients in 1999. Data collected in 1999 demonstrate that 50 percent of the clients complete the program, and at discharge, 86 percent obtained employment and none had contact with the criminal justice system.

Adolescent Populations

The Department administers four programs associated with adolescents and substance abuse as follows:

- **Residential Substance Abuse Treatment for Adolescents**

A fiscal appropriation under Senate Bill 31 (1989) created Department funding for a residential substance abuse treatment center for adolescents in Oneida County. The funds were initially used to establish the Lakeland Adolescent Recovery Center (LARC) in the town of Woodruff. Insufficient funding and referrals resulted in the closing of this facility, but the need for adolescent treatment still exists in the area. The Human Service Center agency of Forest, Oneida and Vilas Counties uses the funding under this program to contract for adolescent treatment for the uninsured at Transitus House, Chippewa Falls; Koinonia, Rhinelander; and Koller Behavioral Health, Minocqua. Forty-six adolescents were served under this program in 1999.

- **Inner City Councils**

Under the inner city high-risk youth projects, Rock, Racine, Kenosha, and Dane counties received Department funds for community-based education, prevention and treatment programs. Inner City Councils were established in each of these areas to provide services, including:

- AODA education and prevention sessions
- After school/latchkey programs
- Young women's role models program
- Midnight basketball league
- Narcotics Anonymous groups for women
- Motivational counseling
- Case management
- Life skills training
- Information and referral
- Families and Students Together (FAST) programs
- Academic skills enhancement
- Support groups

All counted, over 2,160 inner city youth received services during 1999 lowering their risk of becoming involved with alcohol or illicit drugs later in life.

- **Career Youth Development (CYD)**

1989 Act 122 (ss. 46.48) created Department funding for CYD in the city of Milwaukee. The funds are used for a minority youth substance abuse treatment program and a drug prevention program for high school athletes in the Milwaukee public school system. Services are designed to help youth develop a positive self-image while leading them to a drug-free lifestyle. The 1999–2001 State Biennial Budget, Wisconsin Act 9, repealed the high school athlete program. Funding designated for this program will end December 2000.

The specific activities provided by CYD include prevention training for adult professionals in the community, substance abuse education for youth, intervention services for youth, residential or outpatient treatment for youth and sports clinics for youth athletes.

▪ **Synar Tobacco Control Project**

The purpose of the federal Synar Amendment legislation (1992) is to require states to monitor illegal sales of tobacco products to underage youth, and to demonstrate a measurable reduction in such sales over time. To meet this requirement, states must conduct an annual, scientific compliance survey of randomly selected retail outlets that sell tobacco products.

During the summer of 1999, the Bureau of Substance Abuse Services (BSAS) conducted the third annual statewide retail tobacco "compliance check" survey. This survey is designed to ascertain the prevalence of merchants in Wisconsin who sell tobacco products to minors. The compliance check survey is a federal requirement under section 1926 of the Public Health Service Act, otherwise known as the "Synar Amendment."

Table 1 summarizes the 1999 inspection survey results.

Table 1 - Summary of Tobacco Inspection Results by State Geographic Sampling Unit										
(1)		(2) No. of Tobacco Outlets*			(3) No. of Outlets Randomly Inspected			(4) No. of Outlets Found in Violation During Random Inspections		
	Geo-graphic Sampling Unit	(a) Over-the-Counter (OTC)	(b) Vending Machines	(c) Total Tobacco Outlets (2a + 2b)	(a) OTC	(b) Vending Machines	(c) Total Tobacco Outlets (3a + 3b)	(a) OTC	(b) Vending Machines	(c) Total Tobacco Outlets (4a + 4b)
No.	Statewide	---	---	15,888	464	94	558	91	32	123
Percent**	---	---	---	---	---	---	---	19.6	34.0	22.0

* Wisconsin tobacco sales licenses do not specify the type of outlet (i.e., whether the license is for over-the-counter sales or vending machine sales). Therefore, columns 2 (a) and 2 (b) are not completed.

** Percentages apply only to column 4, which details the final inspection failure rate for the survey.

NOTE: Although the terms *inspections* and *violations* are used, no tickets or citations are issued. This is a survey not an enforcement activity.

There were a total of 558 inspections. Of the 558 inspections, 123 vendors sold to minors on the inspection team, for a "violation" rate of 22.0 percent. Previous violation rates were 22.6 percent in 1997 and 27.8 percent in 1998.

Inspection teams were asked to record whether a retail outlet had a sign posted indicating that Wisconsin law forbids the sale of tobacco products to minors. Posting of such a sign is required by s.134.66, Wis. Stats. Results indicate that 246 sites had the appropriate sign posted. This represents 44.1 percent compliance.

Teams were also asked to indicate whether or not the clerk or salesperson asked for age identification. Federal regulations in force at the time of the survey required merchants to

“card” anyone who appears to be under the age of 27. Only 56.1 percent (317 of 558 reporting) asked the youth to provide photo identification.

Substance Abuse and the Elderly

As people age, their bodies metabolize alcohol at a slower rate, increasing their exposure to alcohol's toxic effects. A recent study by the University of Wisconsin Medical School of elderly patients visiting their family physicians (n=5,065), found that 12 to 15 percent of persons over age 60 drink enough alcohol to create risks to their health. The increased use of medications among the elderly poses additional risks. As a result, the Department's Bureau of Substance Abuse Services has partnered with the Bureau of Community Mental Health to provide funds for the Bay Area Agency on Aging, Green Bay, which in 1999 provided a variety of training and education opportunities for providers of substance abuse, mental health and aging services.

The \$15,000 grant achieved the following in 1999:

- Participation on the Statewide Coalition on Mental Health, Substance Abuse, and Aging.
- Educated 140 AARP members on mental health and substance abuse needs of older persons (72 percent increased their awareness).
- Coalition building in five northern Wisconsin communities (Portage, Marathon, Forest, and Vilas counties, and the La Courte Oreilles tribe).
- Educated 92 service professionals on dementia, depression, suicide prevention, co-existing disorders, and medication use among the elderly in the western part of the state. Seventy-four percent of the participants found the training informative.
- Various other training workshops were held for professionals in Milwaukee and Waukesha counties.

Physical and Sensory Disabilities

There are 86,000 persons in Wisconsin receiving Social Security benefits for physical or sensory disabilities. The use of medications, health concerns, chronic pain, fewer social supports, excess free time and lack of access to substance abuse services among this population all contribute to increased risk for substance use disorders. Studies suggest that rates of alcohol and other drug abuse among persons with disabilities (15%) is significantly higher than that found in the general population (10%). The Department funds the following programs in this area:

- **Wisconsin Alcohol and Other Drug Abuse Treatment Program for Deaf and Hard of Hearing Individuals**

The Deaf and Hard of Hearing Program is a program of the Koinonia Residential AODA Treatment Program, Rhinelander, and receives \$125,000 annually from the Department of Health and Family Services to subsidize this specialized program, which offers a continuum of substance abuse services that is language and culturally appropriate.

The program served a total of 10 clients in 1999, whose average age is 33 years old. The average length of stay for the clients was about 60 days. Fifty percent of clients discharged completed the program. Program staff continue to have frequent contact via phone calls, letters, and visits with former clients who are maintaining abstinence. As a result of the low census in this program, a decision was made the latter part of 1999 to restructure this initiative through a needs assessment and recommendations process.

- **Training through the Wisconsin Alcohol, Drug & Disability Association (WADDA)**

WADDA is a nonprofit organization committed to creating public awareness of issues related to alcoholism, drug addiction, and substance abuse faced by persons with disabilities, and to enhance access to services, information, education, and prevention through a collaborative effort. During 1999, WADDA was instrumental in establishing mobility training as a substance abuse counselor certification requirement, and WADDA is now represented on the Wisconsin Counselor Certification Board.

The Department and WADDA sponsored five “Tilting at Windmills” sessions in 1999, with 136 professionals in attendance. The workshops are designed to assist the substance abuse treatment professional in the identification of attitudes, myths, stereotypes, and barriers that prevent or impede persons with disabilities from seeking treatment. The training helps the clinician look beyond an individual’s disability and consider issues on a case-by-case basis.

Counselor Development and Competency

The Department administers programs in the area of substance abuse counselor education as follows:

- **Wisconsin Certification Board, Inc.**

The Department administers a \$121,500 contract to support the functions of the Wisconsin Certification Board (WCB). One of the many goals of WCB is to provide ongoing certification and a recertification process for Wisconsin's alcohol and drug counselors. The WCB also participates in the International Certification Reciprocity Consortium/ Alcohol and Other Drug Abuse, Inc. (ICRC), a network of states to screen other state certification standards and negotiate reciprocity agreements. The WCB receives complaints, investigates and sanctions persons who are under WCB jurisdiction and are alleged to have violated the Counselor, Clinical Supervisor, and Prevention Code of Conduct.

Number Credentialed in 1999	
Category	
PLAN	92
RADC I	426
CADC II	61
CADC III	1366
CCS I	16
CCS II	168

The charts in this section identify some notable counselor certification statistics.

Ethnicity (of persons reporting)	Number Precertified*	Percentage
African American	112	22.8
Asian American	5	1.0
Caucasian	325	66.2
Hispanic/Latino	24	4.9
Native American	25	5.1

* Includes RADC I and persons with Counselor Certification Development Plan. N=491 as of 3/13/2000

**Includes CADCII/III and CCSI. CCSIs already included with CADCIIIs. N=1403 as of 3/13/2000

Ethnicity (of persons reporting)	Number Certified**	Percentage
African American	91	6.5
Asian American	3	0.2
Caucasian	1255	89.5
Hispanic/Latino	22	1.6
Native American	30	2.1
Other	2	0.1

▪ **Midwest Institute**

The Midwest Institute for substance abuse professional education is held each year in Madison, Wisconsin, during the summer (July) and in Lansing, Michigan, in the winter (January). This year marked the 45th annual summer and the 25th annual winter institute. The Institute is sponsored by the Wisconsin Department of Health and Family Services and the Michigan Department of Community Health and in cooperation with training providers in Illinois, Indiana, and Ohio. The focus of the Institute is to provide educational programs offering knowledge and skill development to professionals working in the field of substance abuse. The curriculum is comprised of four-day workshops that cover Fundamentals of Substance Abuse, Counseling Theories/Techniques, Counseling the Criminal Justice Substance Abuse Client, Ethics and Confidentiality, Pharmacology/Psychopharmacology and also two-day workshops offering concentrated studies on current issues.

Winter & Summer Institutes Participation

Number of Participants		
Year	Winter	Summer
1999	160	178
1998	203	189
1997	139	151
1996	124	148
1995	158	120

A Certificate of Achievement, which is applicable for CAC certification, is provided to participants. The Institute also offers an academic credit option.

▪ **Minority Training Program (MTP)**

The Department administers a \$283,000 contract with the Wisconsin Association on Alcohol and Other Drug Abuse (WAAODA) to provide administrative support to the Minority Training Project. The Project is a statewide training initiative to support the growth of AODA professional services among minorities in Wisconsin. The Project is staffed by individually contracted consulting agreements. The Minority Training Project has consulting contracts with a director, ethnic liaison, training and internship coordinator, and regional career consultants.

The Minority Training Project offers its participants the following:

- Professional consultation, educational/certification advice, and mentoring.
- Learning opportunities for participants who are seeking to become Certified Alcohol and Drug Counselors (CADCs).
- Accessibility to formalized educational opportunities.

As a result of a change in contractors, the Minority Training Project underwent reorganization during 1999. During this reorganization, services continued to over 200 participants, 20 of whom will receive certification in the year 2000. The other 180 participants will continue to work towards certification with assistance from MTP.

The following table presents some MTP participant statistics:

	Participants	General Population
Gender		
Female	62%	51%
Male	38%	49%
Ethnicity		
African American	64%	65%
Native American	18%	10%
Hispanic origin	14%	11%
Asian	4%	14%
WI Geographic Area		
Northern	22%	16%
West Central	2%	8%
East Central	3%	17%
Central	30%	24%
South Eastern	7%	16%
Milwaukee	36%	19%

Compulsive Gambling Awareness Campaign

According to a 1996 Wisconsin survey by the Wisconsin Policy Research Institute, there were an estimated 13,700 to 32,400 problem gamblers in Wisconsin whose average gambling debt is between \$27,000 and \$38,700. The economic impact of problem gambling in Wisconsin is over \$300 million annually. In addition to financial, employment, and family problems, compulsive gamblers have a suicide rate 11 times higher than the general population. The incidence of problem gambling is also highest among teens and elderly.

In 1999, the Department of Health and Family Services was allocated \$250,000 to “provide grants to one or more individuals or organizations in the private sector to conduct compulsive gambling awareness campaigns.” The Bureau of Substance Abuse Services has oversight for this program due to gambling’s addictive characteristics. Many state-certified substance abuse programs also have gambling components.

The Department contracted with the Wisconsin Council on Problem Gambling (WCPG) to develop a statewide awareness campaign addressing the issue of compulsive gambling, which includes activities listed below. The WCPG is one of 34 state affiliate councils of the National Council on Problem Gambling. Their primary mission is to educate and promote public understanding of problem gambling and the disorder of compulsive gambling. The WCPG is a non-profit organization located in Green Bay.

Among the initiatives for the 1999 awareness campaign were expanded visibility for the Council’s 24-hour helpline, which provides referral services for callers, a public information/media campaign, piloting and implementation of a high school gambling prevention curriculum, training for human service professionals, and the development and implementation of a statewide information and networking conference. The campaign is directed at all gamblers and those affected by problem gambling. The elderly and underage minors have been identified as high-risk populations. The Council's activities include:

- **24-hour Toll-free Helpline** . Many of the calls received by the WCPG are for general information and support. Callers are family members, employers, and afflicted gamblers themselves. The WCPG has seen a steady increase in calls over the last several years. In 1996, they received a total of 3,433 calls. This number increased to 3,865 in 1997, 4,653 in 1998, and 4,742 in 1999.
- **Public Information/Media Campaign**. Among other initiatives in 1999, WCPG began a bus sign initiative. Informational signs were placed on city buses in Milwaukee, Racine, Kenosha, Madison, and Green Bay. In addition, 200 display cards are being printed for the inside of buses. Two, 30-second Public Service Announcements (PSA) were distributed to television stations throughout the state, along with an appearance on public television for the “Teen Connection” program. WCPG staff, two recovering gamblers and a gambling counselor took part in this hour-long program. Finally, a “Pump Toppers” program began in several communities around the state. This program put informational placards on the top of gas pumps in high-traffic areas. The toppers were placed in areas that were not covered by the bus ads.
- **Statewide Conference**. The first annual Compulsive Gambling Awareness Conference, *“Help, Hope, & Harmony Through Education, Awareness, & Prevention”* was held on May 14 & 15, 1999 in Stevens Point. The conference featured plenary presentations from

national experts in the field of problem gambling, along with several workshops that explored issues such as gambling addiction recovery models, gambling problems among the elderly, adolescent gambling, social costs of gambling, and legal issues. There were a total of 77 participants in attendance. Conference evaluation forms indicated a high degree of satisfaction with this first-year conference, including very positive comments from out-of-state guests.

- **Training for Human Services Professionals.** WCPG conducted four “phase 1” and four “phase 2” counselor certification training sessions. These trainings are necessary for eligibility as a referral source for the 24-helpine. A total of 55 participants were trained at these sessions. WCPG developed and implemented a “Train the Trainers” program. The state was divided into five regions. This program has ensured that trainers are available throughout the state.
- **Mini-Grants** – Department funds were made available to the Council this year for mini-grants to community-based programs interested in promoting awareness of compulsive gambling. In 1999, WCPG developed criteria for the program and expects to award grant dollars in the year 2000. The program will be focused on the elderly.

Administration

This section of the report highlights some of the Department's administrative functions pertaining to substance abuse.

- **Substance Abuse Services Standards**

There were four Department sponsored public hearings held in 1999 in which 113 individuals either testified at the hearings or submitted written comments. Testimony generally supported the standards with some revisions recommended in the areas of clinical supervision, increased knowledge in psychopharmacology and addiction treatment for medical directors, psychologists and clinical supervisors, strengthened treatment planning, and greater flexibility in evaluation of services. These standards will certify “services” instead of “programs” as a means for enhancing clinical continuity of care between levels of care and for increasing flexibility in the delivery of services. All recommended revisions were addressed in the standards, reviewed by the Secretary’s Office, and forwarded to the Revisor of Statutes at the time of publication of this report. It is anticipated that the standards will be promulgated in Administrative Code in late summer of year 2000.

- **Wisconsin Works (W-2) Substance Abuse Screening Instrument**

The Department of Workforce Development (DWD) and the Department of Health and Family Services (DHFS) collaborated in staffing and securing the membership to a Governor’s W-2 and AODA Task Force. The task force addressed specific goals identified by a Proclamation from the Governor for the need to expand the screening tools available for use by W-2 Financial and Employment Planners (FEPs). These screening tools were included in the draft W-2 AODA Task Force Report submitted to the Secretary of DWD in December 1999 for review in preparation for submittal to the Governor. The finalized products of the Task Force Report will be available in year 2000. The Bureau of Substance Abuse Services (BSAS) participated as a member of the Task Force, identifying gender-responsive treatment resources and service capacity (training needs between W-2, AODA and Child Welfare) policy regarding gender-responsive treatment services and cross-service collaboration on the development and delivery of training. The overall impact of collaboration between DWD and DHFS in this initiative led to an expanded collaboration in the development of gender-responsive treatment services for TANF eligible individuals and families.

- **Center for Substance Abuse Treatment (CSAT) Technical Assistance**

In 1999, federal CSAT Technical Assistance funding was available through BSAS to support the completion of the research paper, “Strategies for Case-Mix Adjustments in Addictions Treatment Evaluations: Prognostic Indicators in Public Sector Populations.” This paper completed a literature review of studies identifying prognostic indicators.

- **Data Collection and Evaluation Initiatives**

The Drug and Alcohol Services Information System (DASIS), a federal SAMHSA grant that collects treatment client data, has increased its coverage to 70 percent of publicly-supported treatment clients across the state. The goal is 100 percent coverage. The system is housed in the

Department's Human Services Reporting System and collects admission, demographic, services and discharge data on clients whose treatment is supported with public funds.

- **County Quality Improvement Reviews**

Four county provider quality improvement reviews were completed by BSAS in 1999: Douglas, Marinette, Richland, and Sheboygan. Review teams consisted of BSAS staff, representative of the Department's Office of Strategic Finance's Regional Office, and a peer reviewer (a professional from a state-certified AODA program not in the county being reviewed). These reviews of systems and providers have benefits both in identifying technical assistance needs and showcasing counties with exemplary delivery systems. BSAS has received letters from the counties involved that illustrate the positive response to this collegial process of assessing service delivery.

- **Great Lakes Addiction Technology Transfer Center (GLATTC) Project**

GLATTC is a multi-state partnership of each of the single state agencies for substance abuse in Wisconsin, Ohio and Illinois. The project, under a three-year grant from CSAT, will include the participation of addictions leaders and practitioners throughout the region, both as trainers and as training participants. GLATTC is a regional organization of the National Addictions Technology Transfer Center. This grant will make it possible to develop an addiction training center that truly advances the field of addiction technology for the region, and specifically for Wisconsin. In brief, the aims of GLATTC are to: (1) improve basic addictions treatment, (2) use biological research to improve treatment, (3) develop culturally-competent treatment, (4) confront addictions in public health and criminal justice systems, and (5) integrate community-based treatment with managed care.

In 1999, GLATTC supported the following BSAS initiatives: The Enhanced Benefits Study, Midwest Institute, Women and Substance Abuse Annual Conference, and co-occurring substance abuse and mental illness training.

- **State Demand and Needs Assessment Contract**

Funded in 1999 for three years by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), the State Treatment Needs Assessment Program in BSAS, is conducting five studies. The Department subcontracts for some of the work with the University of Wisconsin.

- *The County Composite Indicators Study* is an annual update of 16 county-level variables such as traffic crashes, alcohol-related deaths, and liquor licenses. The study will be used to improve the distribution of new substance abuse funds.
- *The Treatment Capacity and Utilization Study* is an annual update of information on treatment utilization, waiting lists, and costs that will be used in the development of the managed care pilots and other planning purposes.
- Using data from a previous survey on the prevalence of substance use disorders in Wisconsin, a synthetic estimate of prevalence will be projected annually.

- A client outcome monitoring project involving 15 substance abuse treatment providers will be undertaken to develop tools and assess post-discharge recovery rates.
- The fifth study, *Checking the Alcohol and Other Drug Health of Wisconsin American Indians*, will involve a survey of 600 adult tribal members among five reservations.

▪ **Wisconsin Uniform Placement Criteria for Adult Substance Abuse Patients**

Voluntary use of Wisconsin Uniform Placement Criteria (WI-UPC) increased throughout the state's substance abuse treatment programs during 1998. The total number of substance abuse professionals trained is approximately 1,600. The required use of WI-UPC, or a like instrument, to establish a placement recommendation has been inserted into the draft Wisconsin Administrative Code for Substance Abuse Services (HFS 75). In 1999, a CSAT Technical Assistance grant funded the production of a Uniform Placement Criteria (UPC) Information video tape. The University of Wisconsin Instructional Media Development Center provided the technical assistance. The video is one of the components of the UPC training package that will be available for purchase in the fall of 2000. The package will contain revised Uniform Placement Criteria manuals, posters of the UPC map, and the UPC video. In 1999, UPC training was conducted at the Chippewa Valley Technical College in Eau Claire, Wisconsin, with 36 individuals in attendance. Additional training events are scheduled in 2000.

▪ **Surplus Personal Computer Redistribution**

In accordance with Department of Health and Family Services policy, the Bureau of Substance Abuse Services has taken the lead role in the redistribution of surplus personal computing equipment for the Department's Division of Supportive Living. In 1999, 95 computers were relocated to community and tribal agencies with which the Department contracts. Since the effort began in 1993, over 500 PCs have been distributed; many of these agencies received their first computer through this program. The effort has saved Department funds and has increased the efficiency of operations among contract agencies.

▪ **Public Awareness Initiative**

The Department's Addictions Services web pages are located within the Department of Health and Family Services' Internet web site. As one of the Department's major programs, the web pages address multiple issues and initiatives related to substance abuse. In addition to individual programs and projects, a provider directory is available for consumers and others to search for a treatment agency using various criteria. The web site includes information on bureau training and conferences of interest to the substance abuse field of community substance abuse professionals, links to federal agencies and national associations, emerging drug trends, and legislation relating to substance abuse. In 1999, the Education pages began including addictions training and conference events.

The Department's *Substance Abuse News* newsletter increased its subscribers from approximately 1300 to almost 2000 in 1999. The *News* features an article from community professionals in each issue.

In 1999, BSAS staff developed an exhibit board to take to conferences and training events around the state. Through this display, information about the Bureau can be made available to other disciplines that will benefit from knowledge about addiction and how it may impact their clientele. BSAS brought this information to various conferences in 1999, such as aging, mental illness, developmental and sensory disabilities and public health.

- **1999 Statewide Substance Abuse Information Meeting**

The fifth annual Bureau of Substance Abuse Statewide Meeting, "*Treatment Issues for the New Millennium*," was held October 11 and 12, 1999, in LaCrosse for approximately 175 substance abuse and human services professionals. Workshops included information on Managed Care, Fetal Alcohol Syndrome and Effects, substance abuse and co-existing disabilities and substance abuse treatment and women and women in the correctional system. As a pre-meeting, the State Council on Alcohol and Other Drug Abuse held a public forum to receive comment and concerns from the field.

- **Outcome Measurement Training**

From February to December, 1999, the Bureau of Substance Abuse Services sponsored 12 outcomes measurement training of trainers workshops in various locations around the state. County Human Services agencies and agencies receiving grants from the Bureau were targeted for the training. A total of 159 human service professionals attended from 65 of Wisconsin's 72 counties. The training materials were based upon the United Way's practical approach to measuring outcomes.

State Council on Alcohol and Other Drug Abuse

Membership

The Governor	Member, Governor's Law Enforcement and Crime Commission
State Senator (majority party)	Representative, Direct provider of services to alcohol and drug abusers
State Senator (minority party)	Six citizen members, one of who is a consumer representative
State Representative (majority party)	
State Representative (minority party)	
The Attorney General	
The State Superintendent of Public Instruction	
The Secretary of Health and Family Services (Chairperson)	Ad Hoc Members Added by the Council
The Commissioner of Insurance	Alliance for a Drug-Free Wisconsin
The Secretary of Corrections	Department of Revenue
The Secretary of Transportation	Department of Veterans Affairs
Chairperson of the Pharmacy Examining Board	Wisconsin Technical College System
Representative, Controlled Substances Board	University of Wisconsin System
Member, Wisconsin County Human Services Association, Inc.	Office of Justice Assistance
	Department of Workforce Development

The State Council on Alcohol and Other Drug Abuse (SCAODA) was created by the Office of the Governor in 1970 to provide leadership and coordination regarding alcohol and other drug abuse issues confronting the state. In 1993, Wisconsin Act 210 reconfigured the membership of the Council as it currently exists today. The membership of the Council [s.14.017(2) Wis. Stats.] consists of 22 statutory members, seven ad hoc members and five standing committees (Planning and Funding, Interdepartmental Coordinating, Diversity, Intervention and Treatment, and Prevention).

During 1999, the Council continued to provide leadership, both at the state and national level, in advancing policies that seek to abate the negative effects of alcohol and drug abuse as well as opposing ineffective policies. The following is a listing of specific issues addressed by the Council and actions taken:

1. The Council conducted a review of the proposed biennial budget, which included committee review of each department's request for additional funding and position authority and discussions with agency staff addressing their budget proposals. The Planning and Funding Committee developed recommendations to the Council that were discussed and acted upon through Council motion. The Council communicated its biennial recommendations to the Governor, Legislature and joint committee of the Legislature.
2. The Council, working in conjunction with Representative Foti, held a series of meetings involving knowledgeable state and local agency staff to prepare recommendations for program components on a repeat intoxicated driver bill. The recommendations were submitted to Representative Foti in a timely manner and later included in legislative deliberations regarding the bill which ultimately became law.

3. The Council appointed a special committee to study support for and the impact of enhanced insurance benefits for the treatment of substance abuse in Wisconsin. The committee began its work during the fall of 1999 and is expected to issue its final recommendations to the Council in the fall of 2000.
4. During the June 1999 meeting the Council heard presentations from legislative sponsors who support legalization of commercial hemp production. The Council referred the issue to the Inter-Departmental Coordinating Committee. The committee took telephonic testimony from two national experts as well as onsite testimony from local advocates for legalization. The Committee issued its recommendation and in September the State Council passed a motion of non-support for legalized hemp production.
5. The Council recommended issuance of a Proclamation by Governor Thompson designating October 1999 as Employee Assistance and Drug Free Workplace Awareness Month. Governor Thompson issued the proclamation on September 24, 1999. On October 23, 1999 Michael Hert, Chairperson of the Council's Intervention and Treatment Committee, acting on behalf of the Governor, accepted a recognition plaque from the Employee Assistance and Professionals Association, Inc. during its annual conference in Orlando, Florida.
6. The Council Chairperson issued four awards to model prevention programs during the annual statewide prevention conference.

Acknowledgements

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